



CNA 2021

FEDERAL ELECTION PLATFORM

CHARTING A COURSE FOR A HEALTHIER NATION



Canadian
Nurses
Association

INTRODUCTION

The Canadian Nurses Association (CNA) is the national and global professional voice of Canadian nursing. We represent registered nurses, nurse practitioners, licensed and registered practical nurses, registered psychiatric nurses and retired nurses across all 13 provinces and territories.

Canada's 440,000 nurses have been playing a critical role and have carried out tremendous work in precarious settings while working tirelessly to keep Canadians safe during the COVID-19 pandemic. One in every 85 people living in Canada is a nurse. Made up mostly of women, nurses are the largest health workforce and among the most trusted professionals in Canada. Nurses have the knowledge and expertise to help guide political leaders in addressing critical issues within Canada's health system.

CNA is concerned about the impacts of COVID-19 across Canada, particularly on vulnerable people and health-care system capacity. The pandemic exposed many long-standing problems in Canada's health-care system, such as the conditions that led to the devastating effects in the long-term care sector and the lack of appropriate health data infrastructure.

The impacts from the pandemic have not been felt equally across the country, with many older adults and racialized and minority communities being impacted the most. This federal election comes at a time of reflection and recognition of Canada's past and its journey forward to address historic injustices and disparities faced by Black and Indigenous people and other people of colour in Canada.

To address the priorities identified by nurses, CNA urges all political parties to commit to:

- Support health workers
- Expand access to virtual care
- Meet the needs of Canada's older adults
- Fight racism and discrimination

CNA's recommendations are intended to guide federal election candidates toward action that will promote better health, better care, and better value for all people living in Canada. We urge political leaders to consider the issues presented here and incorporate our recommended strategies into their party platforms and policies.

CONTACT INFORMATION

Lucas Veiga
Lead, Government Relations

lveiga@cna-aiic.ca
613-237-2159 ext 525

Eve Johnston
Media and Communications Advisor

ejohnston@cna-aiic.ca
613-237-2159 ext 114

SUPPORT HEALTH WORKERS

RECOMMENDATIONS



- Develop innovative strategies to provide tailored, sustainable, accessible, long-term mental health supports for health workers.
- Establish a dedicated national coordinating body to address critical health workforce gaps and improve health system planning and workforce mobility through better data infrastructure.



The pandemic has taken a significant toll on the mental health of nurses and other health professionals. Nurses and health workers have been at the forefront of the pandemic and they are exhausted from carrying this enormous burden. These pressures will persist long after the pandemic is over as the health system tackles the backlog of delayed care.



The pandemic has also exacerbated critical staffing shortages and led to excessive workloads. These issues are in part a result of inadequate planning due to inappropriate workforce data. COVID-19 has sharply exposed a lack of clear answers to the most basic questions about Canada's health workforce.

Nurses are showing the highest rates of anxiety and depression among health workers.

ACHIEVING MAXIMUM RETURN ON INVESTMENT

900,000 health workers in Canada
440,000 nurses
91,000 doctors

Over 13,000 nurses graduate every year.⁷ Are these numbers enough to match Canada's needs?

THERE IS A LOT WE DON'T KNOW ABOUT THE HEALTH WORKFORCE

- How many health workers are needed in different regions, and what is the right mix?
- How well do they reflect Canada's diversity?
- How can they work together better?
- Which regions need more recruitment or training?
- How many are in different sectors?

CANADA'S HEALTH WORKFORCE IS CRITICAL TO A ROBUST ECONOMIC RECOVERY.



The workforce represents:

- over 10% of working Canadians
- 8% of GDP
- 66% of health-care spending¹

BETTER PLANNING THROUGH BETTER DATA

- Investments in the health-care system need to be beyond equipment and infrastructure. Care is dependent on health workers and proper staffing, which strengthens the system and improves patient safety.
- Provinces, territories, regions, and training programs need better data to adequately plan for and support the health workforce.
- Integrated and comprehensive data about the health workforce will ensure the provinces and territories can design and implement collaborative team-based approaches to care that improve access and reduce costs.

LACK OF HEALTH WORKFORCE DATA LEADS TO

- Inadequate planning for population needs now and in the future
- Inefficient deployment of health workers
- Persistent maldistribution of resources and services
- Perpetuation of inequalities

MENTAL HEALTH BURDEN



70% of health workers reported worsening mental health during the pandemic.²



30% of nurses in Canada say their depression is high.³



47% of health-care workers reported that they needed psychological support.⁴



4000 nurses left their jobs just in Quebec during the pandemic.⁵



112,000 vacancies in health care and social services during the pandemic, the highest rate of any sector.⁶

EXPAND ACCESS TO VIRTUAL CARE

RECOMMENDATIONS



- Lead the development and work with the provinces and territories to implement a pan-Canadian digital health strategy.
- Accelerate the deployment of technology-enabled solutions to expand virtual care and ensure health workers have adequate training and resources to maximize the effectiveness of these solutions.
- Fast-track efforts to ensure all people in Canada have access to high-speed internet, including all rural, remote and northern communities.



The acceleration of virtual care delivered to people’s homes is a silver lining of the pandemic because it has lowered costs and expanded access to care, especially for vulnerable groups. While barriers still exist, virtual care should continue to be scaled up after COVID-19. Canada must be cautious not to move backwards.



New virtual care delivery methods have enabled timely access to health assessment and treatment in rural and remote communities. Virtual care represents an opportunity to reach people across Canada who face difficulty accessing health services.

HELPS THE HEALTH SYSTEM SAVE MONEY

- Can decrease hospitalizations
- Can decrease length of stay in hospitals
- Positively affects clinical outcomes of care



BENEFITS TO PATIENTS

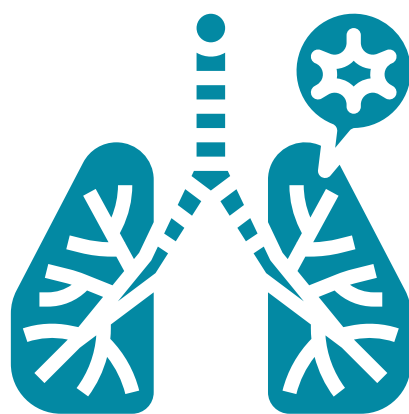
- Less time on the road
- Less time in waiting rooms
- Substantial cost savings
- Less missed work
- Greater access to care (especially for rural and remote communities)
- Easier on the climate and infrastructure



HELPS MANAGE CHRONIC CONDITIONS⁸



Diabetes



Pulmonary diseases



Heart diseases



Social care needs



More resources are required to dramatically scale up implementation of clinical information systems within organizations and integrate digital systems across health-care sectors.

INTERNET DIVIDE

Availability of high-speed internet¹⁰



98.6% Urban Areas



45.6% Rural communities

NURSES SAY THEY NEED MORE RESOURCES AND TRAINING



ONLY 60% OF NURSES HAVE THE KNOWLEDGE AND SKILLS REQUIRED TO DELIVER VIRTUAL CARE.⁹

Additional resources and training will create opportunities for nurses. They will be able to unlock their full potential using digital systems and further improve quality of care.

WHAT CANADIANS ARE SAYING

91%

satisfaction rate of patients using virtual care during the COVID-19 pandemic.¹¹

72%

of Canadians report using virtual care at least once.¹²

75%

want both virtual and in-person health care after the pandemic.¹³

MEET THE NEEDS OF CANADA'S OLDER ADULTS

RECOMMENDATIONS



- Redesign the long-term care (LTC) sector by working with provinces and territories to establish, implement and enforce evidence-informed pan-Canadian standards tied to new federal funding.
- Implement new, demographic-based, annual federal funding for the provinces and territories to help people remain in their homes into old age.



The COVID-19 pandemic has unmasked and exacerbated many long-standing, wide-spread health-care system gaps for older adults. CNA has been calling for a larger national conversation to identify the best models to support safe and dignified aging in Canada.

Adequate funding is needed to meet the needs of Canada's aging population. Measurable, actionable, and accountable national LTC standards are critical to address the tragic outcomes seen during the COVID-19 pandemic.

CANADA'S POPULATION IS AGING



By 2040, Canadians aged 65 and over will make up 25% of the population, up from 18% in 2020.¹⁴



606,000 patients will seek LTC in 2031, up from 380,000 in 2019.¹⁵



Demand for home care will increase from 1.2 million to 1.8 million by 2031.¹⁶



The Canada Health Transfer does not factor aging into its payments, and as such, federal transfers are not sufficient to support the additional care needs of Canada's aging population.

AGING IS THE MOST INFLUENTIAL FORCE SHAPING CANADA'S ECONOMY



Population aging will drive 20% of increases in health-care spending over the next 10 years, which amounts to an additional \$93 billion.¹⁷

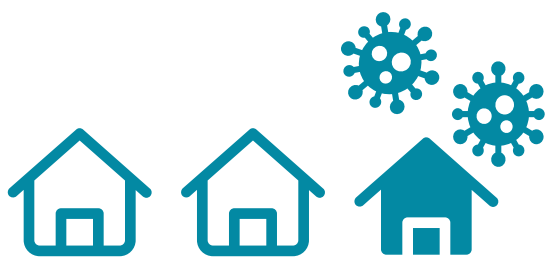


There will be a need for an additional 199,000 LTC beds by 2035 — adding nearly 80% to the existing stock of 255,000 beds — at an estimated cost of \$64 billion to create and \$7 billion per year to operate. Staffing these beds will be an even bigger challenge.¹⁸



Federal health transfers will grow at an average of 3.7% per year over the next decade; however, health-care costs will grow by 5.1% per year.¹⁹

COVID-19'S IMPACT ON LTC



Nearly 1 in 3 of Canada's LTC homes experienced a COVID-19 outbreak.²⁰



COVID-19 cases in LTC homes accounted for 69% of deaths in Canada, while the international average was 41%.²¹

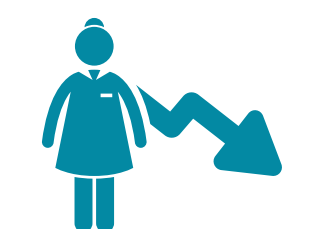


Many of these older Canadians died, anxious and afraid, without their families and loved ones.



As a result, 96% of older adults say they will do everything they can to avoid moving into an LTC home.²²

WHY DID COVID-19 HAVE A DEVASTATING EFFECT ON LTC?



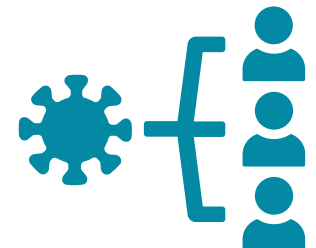
Staffing levels have been reduced over time.



The workforce mix and training have not evolved to align with the complex needs of seniors.



Lack of robust and sustainable funding and standards for quality of care.



Many homes are old and not designed for best infection control practices.



Lack of integrated clinical information systems and appropriate data collection.

WHAT CANADIANS ARE SAYING

85% will do everything they can to avoid going into LTC.²³

90% are concerned about challenges in LTC.²⁴

92% support implementing national standards for LTC.²⁵

89% support demographic-based federal health funding.²⁶

FIGHT RACISM AND DISCRIMINATION

RECOMMENDATIONS



- Accelerate action immediately to provide reliable, permanent access to high-quality drinking water in all Indigenous communities.
- Provide funding to intensify the education and training of non-Indigenous health-care providers in cultural competence, safety and humility.
- Provide funding to increase the recruitment of Black and Indigenous people and other people of colour into health-care careers, and put in place strategies focused on retention and career advancement.

RACISM CAN CAUSE SIGNIFICANT HEALTH DISPARITIES^{27,28}

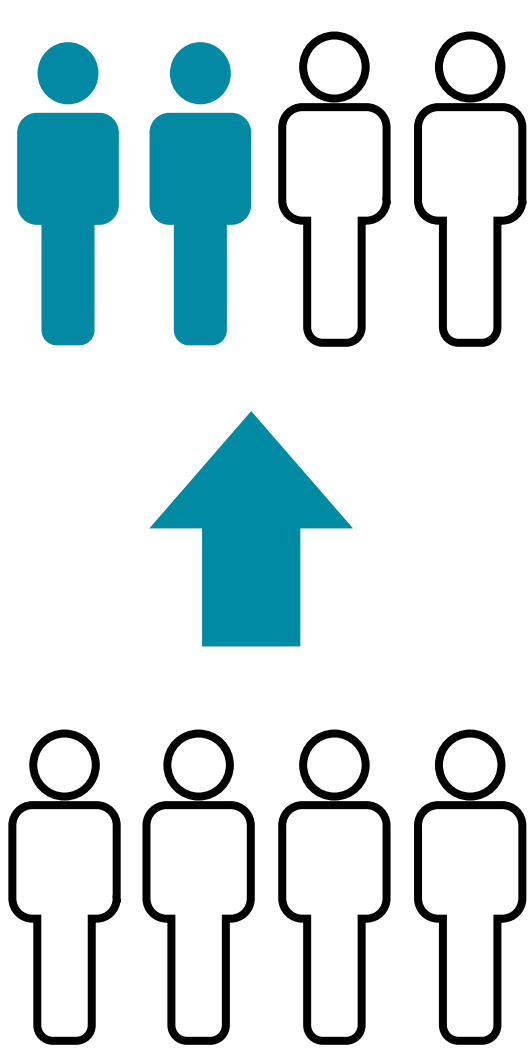
Higher rates of COVID-19 cases in racialized populations.²⁹
 Reduced life expectancy.
 Higher blood pressure.

More cases of diabetes.
 Compromised household food security.
 Severe mental health conditions, including suicide.

Racism is an important determinant of health, contributing to unacceptable health and social inequities.

Black and, Indigenous people and other people of colour in Canada have been subjected to racism that has plagued Canada since its inception.

These decades-old issues continue to exert devastating health and social impacts that test the many strengths of racialized populations. There is no time left; action must come immediately.



Although there have been steps taken to improve the number and proportion of Black and Indigenous people and other people of colour in Canada’s health workforce, the country still has far to go to achieve representation across all roles and levels of leadership.

They need to be fully supported and have equitable access to career advancement opportunities.

MORE DIVERSITY IS NEEDED IN CANADA’S HEALTH WORKFORCE TO IMPROVE FUTURE HEALTH OUTCOMES FOR EVERYONE IN CANADA.

CLEAN DRINKING WATER



The lack of clean drinking water in Indigenous communities is a violation of the United Nations, which recognizes access to water and sanitation as a human right.



The lack of clean drinking water in Indigenous communities is an important factor increasing the risk of health disparities.



There are currently more than 30 First Nations communities without access to clean drinking water. Many have faced these conditions for over a decade.

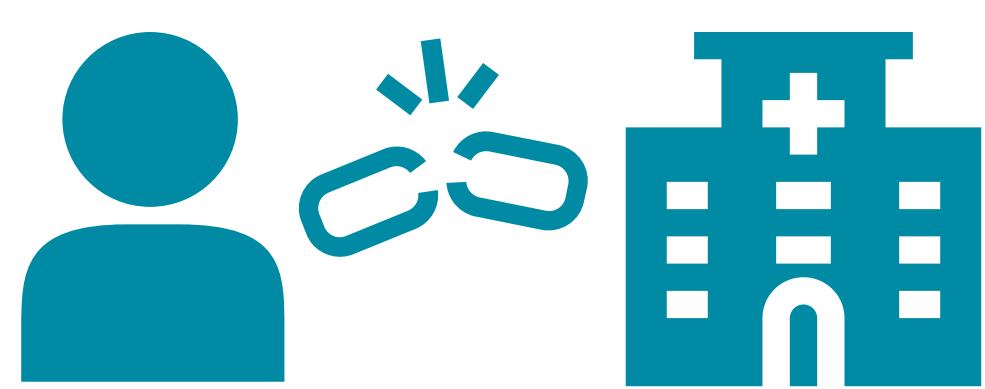
RACISM AFFECTS ACCESS TO THE HEALTH SYSTEM



Some people are reluctant to seek treatment due to past racist experiences.



Reluctance to seek treatment leads to potential under-screening of diseases and health issues.



Patients can lose trust in the health system.

WHAT CANADIANS ARE SAYING³⁰

84% of Canadians say that a discrimination-free health-care system is a high priority.

78% of Canadians support new funding to train health-care professionals to help prevent discrimination.

ENDNOTES

- ¹ https://www.hhr-rhs.ca/images/Webinar_Series/Fact_Sheet_EN.pdf
- ² <https://www150.statcan.gc.ca/n1/daily-quotidien/210202/dq210202a-eng.htm>
- ³ Mental Health Research Canada. Mental health During Covid-19 Outbreak: Poll #6 – Full report. May 2021.
- ⁴ <https://www.niagarathisweek.com/news-story/9954334-canadian-health-workers-on-covid-19-front-line-say-they-need-mental-health-support-poll-indicates/>
- ⁵ <https://www.cbc.ca/news/canada/montreal/nurses-quitting-covid-19-1.5725870>
- ⁶ <https://www150.statcan.gc.ca/n1/daily-quotidien/210205/dq210205a-eng.htm>
- ⁷ <https://www.cihi.ca/sites/default/files/document/nursing-report-2019-en-web.pdf>
- ⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5075236/>
- ⁹ <https://www.infoway-inforoute.ca/en/what-we-do/news-events/newsroom/2020-news-releases/8579-digital-health-is-helping-canadian-nurses-improve-patient-care-but-opportunities-for-improvement-remain>
- ¹⁰ <https://crtc.gc.ca/eng/internet/internet.htm>
- ¹¹ <https://www.cma.ca/virtual-care>
- ¹² CNA commissioned Nanos Research, December 27th to 30th, 2020
- ¹³ CNA commissioned Nanos Research, December 27th to 30th, 2020
- ¹⁴ https://www.canadaspremiers.ca/wp-content/uploads/2020/10/CBOC_impact-paper_research-on-healthcare_final.pdf
- ¹⁵ <https://www.cma.ca/news-releases-and-statements/new-study-cost-and-demand-elder-care-double-next-10-years>
- ¹⁶ <https://www.cma.ca/news-releases-and-statements/new-study-cost-and-demand-elder-care-double-next-10-years>
- ¹⁷ <https://www.cma.ca/sites/default/files/pdf/Media-Releases/Conference%20Board%20of%20Canada%20-%20Meeting%20the%20Care%20Needs%20of%20Canada's%20Aging%20Population.PDF>
- ¹⁸ https://www.cma.ca/sites/default/files/2018-11/9228_Meeting%20the%20Demand%20for%20Long-Term%20Care%20Beds_RPT.pdf
- ¹⁹ <https://www.cma.ca/sites/default/files/pdf/Media-Releases/Conference%20Board%20of%20Canada%20-%20Meeting%20the%20Care%20Needs%20of%20Canada's%20Aging%20Population.PDF>
- ²⁰ Canadian Institute for Health Information. The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months. Ottawa, ON: CIHI; 2021.
- ²¹ <https://www.cihi.ca/en/long-term-care-and-covid-19-the-first-6-months>
- ²² <https://www.cma.ca/sites/default/files/pdf/Activities/National-Institute-on-Ageing-CMA-Report-EN.pdf>
- ²³ <https://www.ipsos.com/en-ca/news-polls/safer-at-home-eight-in-ten-canadians-vow-to-do-all-they-can-to-avoid-going-into-long-term-care>
- ²⁴ <https://www.ipsos.com/en-ca/news-polls/safer-at-home-eight-in-ten-canadians-vow-to-do-all-they-can-to-avoid-going-into-long-term-care>
- ²⁵ CNA commissioned Nanos Research, December 27th to 30th, 2020
- ²⁶ CNA commissioned Nanos Research, December 27th to 30th, 2020
- ²⁷ https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/anti-racism-key-messages_e.pdf?la=en&hash=413A57BA251745BD496E88FF8AAE81DEC761A7AF
- ²⁸ <https://blackhealthalliance.ca/home/antiblack-racism/>
- ²⁹ <https://www.canada.ca/en/public-health/news/2021/02/cpho-sunday-edition-the-impact-of-covid-19-on-racialized-communities.html>
- ³⁰ CNA commissioned Nanos Research, December 27th to 30th, 2020